



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2015
OF THE CONDITION AND AFFAIRS OF THE

Windsor Health Plan, Inc.

| | | | | | | |
|---------------------------------------|---------------------------------|----------------|---|---|---|------------|
| NAIC Group Code | 01199 | 01199 | NAIC Company Code | 95792 | Employer's ID Number | 62-1531881 |
| | (Current Period) | (Prior Period) | | | | |
| Organized under the Laws of | Tennessee | | | State of Domicile or Port of Entry | Tennessee | |
| Country of Domicile | United States | | | | | |
| Licensed as business type: | Life, Accident & Health [] | | Property/Casualty [] | | Hospital, Medical & Dental Service or Indemnity [] | |
| | Dental Service Corporation [] | | Vision Service Corporation [] | | Health Maintenance Organization [X] | |
| | Other [] | | | | Is HMO Federally Qualified? Yes [] No [X] | |
| Incorporated/Organized | 05/14/1993 | | Commenced Business | | 01/01/1994 | |
| Statutory Home Office | 7100 Commerce Way Suite 285 | | | Brentwood, TN, US 37027 | | |
| | (Street and Number) | | | (City or Town, State, Country and Zip Code) | | |
| Main Administrative Office | 7100 Commerce Way Suite 285 | | Brentwood, TN, US 37027 | | 615-782-7800 | |
| | (Street and Number) | | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | |
| Mail Address | 8735 Henderson Rd | | Tampa, FL, US 33634 | | | |
| | (Street and Number or P.O. Box) | | (City or Town, State, Country and Zip Code) | | | |
| Primary Location of Books and Records | 8735 Henderson Rd | | Tampa, FL, US 33634 | | 813-206-6200 | |
| | (Street and Number) | | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | |
| Internet Web Site Address | www.wellcare.com | | | | | |
| Statutory Statement Contact | Mike Wasik | | | 813-206-2725 | | |
| | (Name) | | | (Area Code) (Telephone Number) (Extension) | | |
| | michael.wasik@wellcare.com | | | 813-675-2899 | | |
| | (E-Mail Address) | | | (FAX Number) | | |

OFFICERS

| Name | Title | Name | Title |
|--------------------------|---|---------------------|-------------------------------------|
| Kenneth Alan Burdick | President | Andrew Lynn Asher | CFO and Treasurer |
| Maurice Sebastian Hebert | Asst Treasurer and Chief Accounting Officer | Blair Williams Todt | Secretary and Senior Vice President |

OTHER OFFICERS

| | | | |
|------------------|------------------|--|--|
| Kelly Ann Munson | Region President | | |
|------------------|------------------|--|--|

DIRECTORS OR TRUSTEES

| | | | |
|----------------------|-------------------|---------------------|--|
| Kenneth Alan Burdick | Andrew Lynn Asher | Blair Williams Todt | |
|----------------------|-------------------|---------------------|--|

State ofFlorida.....
County ofHillsborough.....
SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|---|--|---|
| Kenneth Alan Burdick President | Andrew Lynn Asher CFO and Treasurer | Maurice Sebastian Hebert Asst Treasurer and Chief Accounting Officer |
| a. Is this an original filing? Yes [X] No [] | | |
| b. If no: | | |
| 1. State the amendment number | | |
| 2. Date filed | | |
| 3. Number of pages attached | | |

Subscribed and sworn to before me this
day of ,
,

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE Windsor Health Plan, Inc.

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-----------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 8,915,183 | | 8,915,183 | 9,009,237 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$38,265,319), cash equivalents (\$0) and short-term investments (\$23,941,835) | 62,207,154 | | 62,207,154 | 100,617,441 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | 0 | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 71,122,337 | 0 | 71,122,337 | 109,626,678 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 63,636 | | 63,636 | 108,170 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 24,591,543 | | 24,591,543 | 29,813,162 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums | | | 0 | 1,757,549 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 44,789,195 | | 44,789,195 | 52,441,872 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 5,408,407 | | 5,408,407 | 0 |
| 18.2 Net deferred tax asset | 2,117,690 | | 2,117,690 | 867,128 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 1,882,254 | 178,852 | 1,703,402 | 0 |
| 24. Health care (\$21,156,008) and other amounts receivable | 27,447,893 | 6,291,763 | 21,156,130 | 21,551,745 |
| 25. Aggregate write-ins for other-than-invested assets | 3,460,912 | 1,282,747 | 2,178,165 | 25,904 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 180,883,867 | 7,753,362 | 173,130,505 | 216,192,208 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 180,883,867 | 7,753,362 | 173,130,505 | 216,192,208 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Other non-admitted assets (prepaids) | 1,282,747 | 1,282,747 | 0 | 0 |
| 2502. State tax recoverable | 2,178,165 | | 2,178,165 | 25,904 |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 3,460,912 | 1,282,747 | 2,178,165 | 25,904 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|-------------|-------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded)..... | 46,097,967 | | 46,097,967 | 69,316,038 |
| 2. Accrued medical incentive pool and bonus amounts | 420,000 | | 420,000 | 240,000 |
| 3. Unpaid claims adjustment expenses | 384,672 | | 384,672 | 436,667 |
| 4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act..... | 8,927,309 | | 8,927,309 | 0 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | | | 0 | 0 |
| 9. General expenses due or accrued | 1,376,440 | | 1,376,440 | 614,350 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | | | 0 | 3,477,971 |
| 10.2 Net deferred tax liability..... | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 13. Remittances and items not allocated | 31,194 | | 31,194 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 90,359 | | 90,359 | 4,520,670 |
| 16. Derivatives..... | | 0 | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)..... | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 164,661 | 0 | 164,661 | 152,044 |
| 24. Total liabilities (Lines 1 to 23)..... | 57,492,602 | 0 | 57,492,602 | 78,757,740 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 5,613,750 | 9,003,000 |
| 26. Common capital stock | XXX | XXX | 1,000,000 | 1,000,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 73,805,811 | 113,305,811 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 35,218,342 | 14,125,657 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 115,637,903 | 137,434,468 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 173,130,505 | 216,192,208 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Unclaimed property payable..... | 164,661 | | 164,661 | 152,044 |
| 2302. | | | 0 | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 164,661 | 0 | 164,661 | 152,044 |
| 2501. Estimated ACA Industry Fee (following year)..... | XXX | XXX | 5,613,750 | 9,003,000 |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 5,613,750 | 9,003,000 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|-------------|--------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months..... | XXX | 594,419 | 903,422 | 1,195,523 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 339,048,637 | 364,746,394 | 476,246,572 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | | 0 | 0 |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | | 0 | 0 |
| 5. Risk revenue | XXX | | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 339,048,637 | 364,746,394 | 476,246,572 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 222,648,301 | 247,600,109 | 308,763,267 |
| 10. Other professional services | | 4,122,497 | 1,359,181 | 2,350,054 |
| 11. Outside referrals | | | 0 | 0 |
| 12. Emergency room and out-of-area | | 11,419,959 | 10,414,301 | 13,694,856 |
| 13. Prescription drugs | | 34,091,618 | 68,910,031 | 83,116,330 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | 180,000 | (859,933) | (460,459) |
| 16. Subtotal (Lines 9 to 15) | 0 | 272,462,375 | 327,423,689 | 407,464,048 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | 0 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 272,462,375 | 327,423,689 | 407,464,048 |
| 19. Non-health claims (net)..... | | | 0 | 0 |
| 20. Claims adjustment expenses, including \$ 1,934,483 cost containment expenses..... | | 4,470,880 | 10,316,609 | 12,934,215 |
| 21. General administrative expenses..... | | 35,307,342 | 16,085,005 | 26,578,764 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22) | 0 | 312,240,597 | 353,825,303 | 446,977,027 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 26,808,040 | 10,921,091 | 29,269,545 |
| 25. Net investment income earned | | 302,954 | 192,921 | 312,316 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | 0 | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 302,954 | 192,921 | 312,316 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | 0 | 0 |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 27,110,994 | 11,114,012 | 29,581,861 |
| 31. Federal and foreign income taxes incurred | XXX | 12,324,996 | 4,266,903 | 10,467,163 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 14,785,998 | 6,847,109 | 19,114,698 |
| DETAILS OF WRITE-INS | | | | |
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 | 2 | 3 |
|--|-------------------------|-----------------------|------------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 137,434,468 | 107,483,852 | 107,483,852 |
| 34. Net income or (loss) from Line 32 | 14,785,998 | 6,847,109 | 19,114,698 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | 0 | 0 |
| 38. Change in net deferred income tax | 1,250,562 | 133,251 | 867,128 |
| 39. Change in nonadmitted assets | (4,073,974) | 3,182,752 | 1,386,041 |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles | | 0 | 0 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | | 0 | 0 |
| 44.3 Transferred to surplus | | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | (39,500,000) | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | | 0 | 0 |
| 46. Dividends to stockholders | | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 5,740,849 | 8,582,748 | 8,582,749 |
| 48. Net change in capital and surplus (Lines 34 to 47) | (21,796,565) | 18,745,860 | 29,950,616 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 115,637,903 | 126,229,712 | 137,434,468 |
| DETAILS OF WRITE-INS | | | |
| 4701. Prior period audit adjustment..... | 5,740,849 | 8,582,748 | 8,582,749 |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 5,740,849 | 8,582,748 | 8,582,749 |

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 354,955,115 | 355,508,382 | 461,456,967 |
| 2. Net investment income | 430,611 | 210,549 | 354,272 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 355,385,726 | 355,718,931 | 461,811,239 |
| 5. Benefit and loss related payments | 297,202,053 | 328,051,647 | 416,553,260 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 33,567,710 | 51,627,730 | 71,424,119 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 21,211,374 | 4,936,201 | 6,989,192 |
| 10. Total (Lines 5 through 9) | 351,981,137 | 384,615,578 | 494,966,571 |
| 11. Net cash from operations (Line 4 minus Line 10) | 3,404,589 | (28,896,647) | (33,155,332) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 1,576,760 | 232,829 | 1,304,197 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 1,576,760 | 232,829 | 1,304,197 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 1,565,830 | 1,159,086 | 1,158,930 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 1,565,830 | 1,159,086 | 1,158,930 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 10,930 | (926,257) | 145,267 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | (39,500,000) | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied)..... | (2,325,806) | (8,793,518) | 6,972,630 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | (41,825,806) | (8,793,518) | 6,972,630 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | (38,410,287) | (38,616,422) | (26,037,435) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 100,617,441 | 126,654,876 | 126,654,876 |
| 19.2 End of period (Line 18 plus Line 19.1) | 62,207,154 | 88,038,454 | 100,617,441 |

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE Windsor Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|-------------|---------------------------------------|-------|------------------------|----------------|----------------|---|-------------------------|-----------------------|------------|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 96,902 | .0 | .0 | .0 | .0 | .0 | .0 | 37,188 | .0 | 59,714 |
| 2. First Quarter | 66,319 | .0 | .0 | .0 | .0 | .0 | .0 | 38,441 | .0 | 27,878 |
| 3. Second Quarter | 65,704 | .0 | .0 | .0 | .0 | .0 | .0 | 39,557 | .0 | 26,147 |
| 4. Third Quarter | 65,931 | | | | | | | 40,436 | | 25,495 |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 594,419 | | | | | | | 352,568 | | 241,851 |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 373,636 | | | | | | | 373,636 | | |
| 8. Non-Physician | 133,060 | | | | | | | 133,060 | | |
| 9. Total | 506,696 | 0 | 0 | 0 | 0 | 0 | 0 | 506,696 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 90,847 | | | | | | | 90,847 | | |
| 11. Number of Inpatient Admissions | 13,935 | | | | | | | 13,935 | | |
| 12. Health Premiums Written (a)..... | 339,052,619 | | | | | | | 321,816,975 | | 17,235,644 |
| 13. Life Premiums Direct..... | .0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | .0 | | | | | | | | | |
| 15. Health Premiums Earned | 339,052,619 | | | | | | | 321,816,975 | | 17,235,644 |
| 16. Property/Casualty Premiums Earned | .0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 297,202,052 | | | | | | | 277,538,978 | | 19,663,074 |
| 18. Amount Incurred for Provision of Health Care Services | 272,282,375 | | | | | | | 260,272,229 | | 12,010,146 |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 339,052,619

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
|---|---|---|--|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | | | | |0 |0 |
| 2. Medicare Supplement | | | | |0 |0 |
| 3. Dental only | | | | |0 |0 |
| 4. Vision only | | | | |0 |0 |
| 5. Federal Employees Health Benefits Plan | | | | |0 |0 |
| 6. Title XVIII - Medicare |38,955,217 |232,157,927 |2,609,951 |43,478,346 |41,565,168 |56,929,212 |
| 7. Title XIX - Medicaid | | | | |0 |0 |
| 8. Other health |4,623,463 |19,763,839 | |9,670 |4,623,463 |12,386,826 |
| 9. Health subtotal (Lines 1 to 8)..... |43,578,680 |251,921,766 |2,609,951 |43,488,016 |46,188,631 |69,316,038 |
| 10. Health care receivables (a) |0 | | | |0 |0 |
| 11. Other non-health | | | | |0 |0 |
| 12. Medical incentive pools and bonus amounts | | |240,000 |180,000 |240,000 |240,000 |
| 13. Totals (Lines 9-10+11+12) | 43,578,680 | 251,921,766 | 2,849,951 | 43,668,016 | 46,428,631 | 69,556,038 |

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Windsor Health Plan, Inc. (the “Company”), domiciled in the state of Tennessee, are presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance (the “Department”).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under Tennessee insurance law. The National Association of Insurance Commissioners Accounting Practices and Procedures manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Tennessee. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. These modifications had no affect on statutory surplus.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Tennessee is shown below:

| | For the nine month period ended September 30, | |
|-----------------------------------|---|---------------------|
| | <u>2015</u> | <u>2014</u> |
| Net Income - Tennessee Basis | \$ 14,785,998 | \$ 6,847,109 |
| State Prescribed Practices - None | - | - |
| State Permitted Practices - None | - | - |
| Net Income - NAIC SAP | <u>\$ 14,785,998</u> | <u>\$ 6,847,109</u> |

| | Balance at | |
|---|---------------------------|--------------------------|
| | <u>September 30, 2015</u> | <u>December 31, 2014</u> |
| Statutory Capital and Surplus - Tennessee Basis | \$ 115,637,903 | \$ 137,434,468 |
| State Prescribed Practices - None | - | - |
| State Permitted Practices - None | - | - |
| Statutory Capital and Surplus - NAIC SAP | <u>\$ 115,637,903</u> | <u>\$ 137,434,468</u> |

B. Uses of Estimates in the Preparation of the Financial Statements
No significant change.

C. Accounting Policy
No significant change.

2. Accounting Changes and Correction of Errors
Adjustments resulting from the independent audit of the December 31, 2014 financial statements amounting to \$8,832,075 were made subsequent to the filing of the 2014 Annual Statement. This adjustment has been reflected as prior period adjustment directly increasing capital and surplus in the amount of \$5,740,849, net of tax, for the period ended September 30, 2015 in accordance with Statement of Statutory Accounting Principle (“SSAP”) No. 3, “Accounting Changes and Corrections of Errors”.

3. Business Combinations and Goodwill
None.

4. Discontinued Operations
None.

5. Investments
A. Mortgage Loans, including Mezzanine Real Estate Loans – No significant change.
B. Debt Restructuring – No significant change.
C. Reverse Mortgages – No significant change.

D. Loan-Backed Securities

| <u>Sector</u> | <u>Book Value</u> | <u>Fair Value</u> |
|---------------------------------------|-------------------|-------------------|
| Asset backed securities (ABS) | \$ - | \$ - |
| Commercial mortgage obligations (CMO) | - | - |
| Mortgage backed securities (MBS) | 916,907 | 946,207 |
| Total loan backed securities | <u>\$ 916,907</u> | <u>\$ 946,207</u> |

NOTES TO FINANCIAL STATEMENTS

1. All single class and multiclass mortgage-backed/asset-backed securities are adjusted for the effects of changes in prepayment assumptions on the related accretion of discount or amortization of premium of such securities using either the retrospective or prospective methods. All prepayment rates (Conditional Prepayment Rate and Prepayment Speed Assumptions) as well as corresponding principal prepayment start and end dates are provided by a proprietary prepayment modeling system.
2. The company did not recognize other-than-temporary impairment during the year.
3. There were no impairments during the year.
4. Securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss:
 - a. The aggregate amount of unrealized losses:
 1. Less than 12 months \$-0-
 2. 12 months or longer \$-0-
 - b. The aggregate related fair value of securities with unrealized losses:
 1. Less than 12 months \$-0-
 2. 12 months or longer \$-0-
5. The WellCare Management Group, Inc.'s. ("WellCare") Treasury department handles all securities and has authority to make investments on behalf of the Company within corporate investment guidelines. The Company views the unrealized losses above as temporary fluctuations in the market based on investment market analysis performed by its investment advisor / broker dealer, Oppenheimer. Decision as to which securities are to be impaired for the first time is determined by WellCare's data management department (Treasury) and additional analysis from Oppenheimer. Based on these results, recommendation for impairments are reviewed by Accounting and then submitted to senior management for approval. Approved impairments are implemented by the Accounting department on a GAAP and Statutory basis.

The company only invests in fixed income securities and cash. These types of investments are generally easy to price and currently the Company does not hold any securities for which estimating fair value in accordance with Statement of Statutory Accounting Principles ("SSAP") No. 27, *Disclosure of Information about Financial Instruments with Off- Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk*, is not practical.

- E. Repurchase Agreements and/or Securities Lending Transactions – None
- F. Real Estate – None
- G. Low Income Housing Tax Credits - None
- H. Restricted Assets (Including pledged) – No significant change.
- I. Working Capital Finance Investments – None.
- J. Offsetting and Netting of Assets and Liabilities – None.
- K. Structured Notes – None.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

No significant change.

8. Derivative Instruments

None.

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

The Company received approval from the Department to execute a cash payment out of paid in surplus as a return of capital to the Parent Company, The WellCare Management Group, Inc., on January 8, 2015 totaling \$39,500,000.

11. Debt

- A. Debt – None.
- B. Federal Home Loan Bank Agreements – None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan – None.

13. Capital and Surplus, Shareholder' Dividend Restrictions and Quasi-Reorganizations

The Company received approval from the Department to execute a cash payment out of paid in surplus as a return of capital to the Parent Company, The WellCare Management Group, Inc., on January 8, 2015 totaling \$39,500,000.

14. Contingencies

- A. Contingent Commitments – None.
- B. Assessments – None.
- C. Gain Contingencies – None.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits – None.
- E. Joint and Several Liabilities – None.

NOTES TO FINANCIAL STATEMENTS

F. All Other Contingencies – The Company’s ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an affect on the Company’s financial position.

15. Leases

None.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales – None.

B. Transfer and Servicing of Financial Assets – None.

C. Wash Sales – None.

18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

20. Fair Value Measurement

The Company has no assets disclosed at fair value at September 30, 2015.

21. Other Items

A. Extraordinary Items – None.

B. Troubled Debt Restructuring – None.

C. Other Disclosures and Unusual Items

ACA Annual Fee

In January 2014, the NAIC adopted SSAP No. 106, *Affordable Care Act Assessments*. SSAP No. 106 provides guidance on accounting and required disclosure for the annual fee under section 9010 of the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act (“ACA”). The ACA imposes an annual fee on health insurers (industry fee), payable to the U.S. government, calculated on net premiums and third-party administrative agreement fees. The accounting guidance states the liability and expense are recognized once the Company provides health insurance for any U.S. health risk on or before January 1, 2014 and each year thereafter. By September 30, 2014 and each year thereafter the liability must be paid. In accordance with SSAP No. 106, the Company paid and expensed \$8,598,933 in 2015. The expense is included on Page 4, Line 21, General administrative expenses, of the Statement of Revenues and Expenses.

The estimated 2016 fee is \$7,485,000 which is subject to change based on the actual outcome of the industry’s total premiums for 2015. Beginning January 31, 2014 and each year thereafter, the estimate for the following year’s ACA industry fee is reclassified from unassigned surplus to special surplus monthly throughout the year. Through September 30, 2015, \$5,613,750 of the estimated 2016 fee has been reclassified from unassigned surplus to special surplus and is reported on Line 25 of Page 3, Liabilities, Capital and Surplus, Aggregate write-ins for special surplus funds. If the Company no longer offers health insurance in 2016 there would be no fee due in 2016.

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-Transferable Tax Credits – None

F. Subprime Mortgage Related Risk Exposure – None

G. Retained Assets – None

22. Events Subsequent

There were no events occurring subsequent to September 30, 2015 requiring disclosure. Subsequent events have been considered through November 10, 2015 for the Statutory statement issued on November 10, 2015.

23. Reinsurance

None.

24. Retrospectively Rated Contracts

A. B. C. D. – Not applicable.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

NOTES TO FINANCIAL STATEMENTS

The estimated cost of claims expense attributable to insured events of the prior year decreased by \$23,127,407 during 2015. This is approximately 33% of unpaid claims expenses of \$69,316,038 as of December 31, 2014. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending September 30, 2015 was affected by approximately \$10,445,778 of net favorable development related to prior years.

26. Intercompany Pooling

None.

27. Structured Settlements

None.

28. Health Care Receivables

No significant change.

29. Participating Policies

None.

30. Premium Deficiency Reserves

None.

31. Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2012
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2012
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/19/2014
- 6.4

By what department or departments?

Tennessee Department of Commerce and Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|--------------------------------|----------|----------|-----------|----------|
| | | | | | |

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [X] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
Minor revisions and clarifications of existing provisions. Adopted by Board of Directors on April 16, 2015.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$0

13. Amount of real estate and mortgages held in short-term investments:\$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

| | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)..... | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$
- 16.3 Total payable for securities lending reported on the liability page

\$

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|--------------------------------|------------------------|
| State Street Bank & Trust..... | Chicago, IL..... |

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No [X]

- 17.4 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

- 17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|--------------|--------------|
| | | |

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [X] No []

- 18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH

| | | |
|-----|--|----------------|
| 1. | Operating Percentages: | |
| 1.1 | A&H loss percent..... | 80.9 % |
| 1.2 | A&H cost containment percent | 0.6 % |
| 1.3 | A&H expense percent excluding cost containment expenses..... | 11.2 % |
| 2.1 | Do you act as a custodian for health savings accounts?..... | Yes [] No [X] |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date..... | \$ |
| 2.3 | Do you act as an administrator for health savings accounts?..... | Yes [] No [X] |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date..... | \$ |

13

13

13

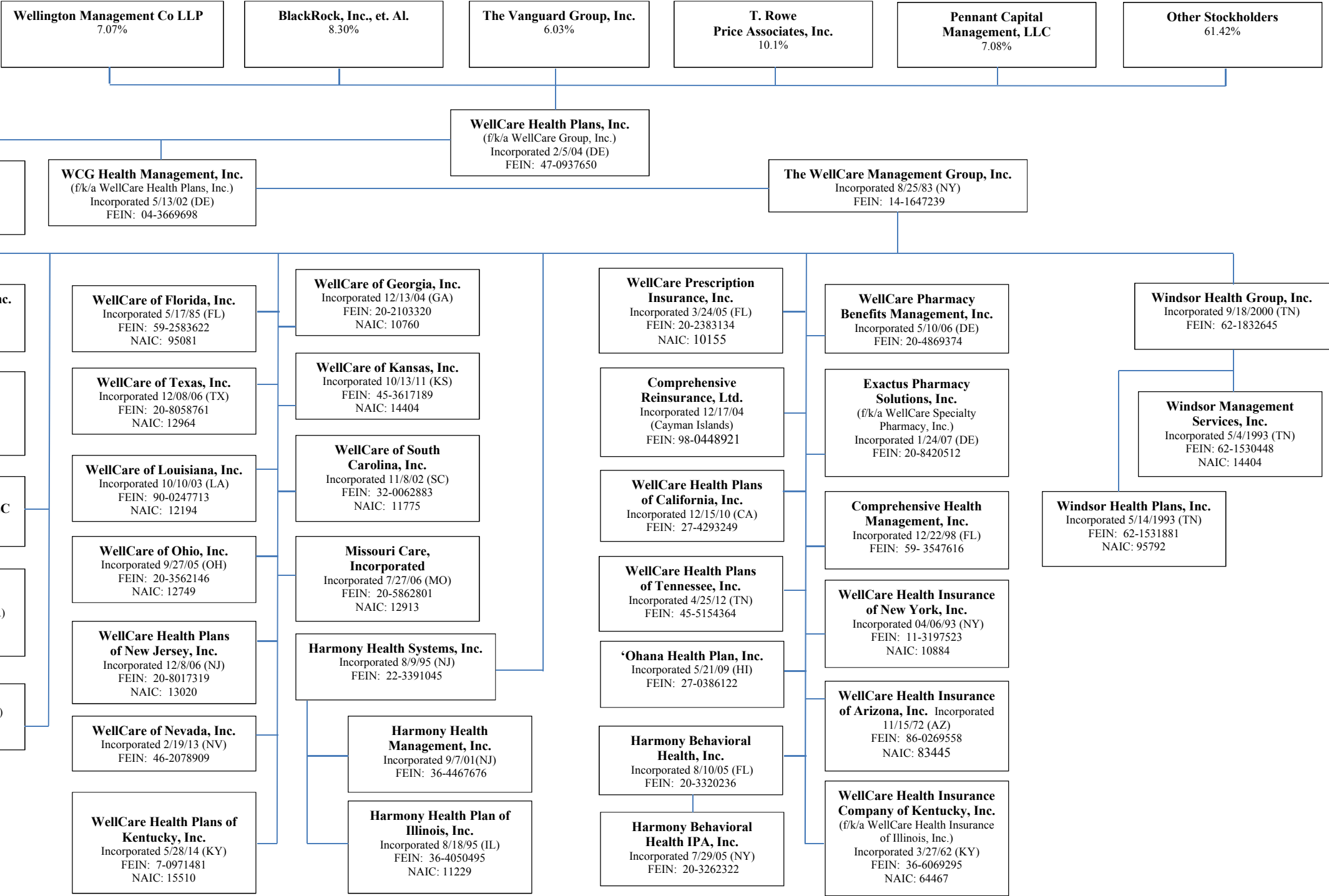
13

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

| Current Year to Date - Allocated by States and Territories | | | | | | | | | | |
|--|---------------|----------------------------|----------------------|--------------------|--|--|-----------------------------|---------------------------|------------------------|---|
| States, Etc. | 1 | Direct Business Only | | | | | | | | |
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| | Active Status | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life & Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts | |
| 1. Alabama | AL | L | 6,389,259 | | | | | 6,389,259 | | |
| 2. Alaska | AK | N | | | | | | 0 | | |
| 3. Arizona | AZ | N | | | | | | 0 | | |
| 4. Arkansas | AR | L | 744,363 | 79,092,924 | | | | 79,837,287 | | |
| 5. California | CA | N | | | | | | 0 | | |
| 6. Colorado | CO | N | | | | | | 0 | | |
| 7. Connecticut | CT | N | | | | | | 0 | | |
| 8. Delaware | DE | N | | | | | | 0 | | |
| 9. Dist. Columbia | DC | N | | | | | | 0 | | |
| 10. Florida | FL | N | | | | | | 0 | | |
| 11. Georgia | GA | N | | | | | | 0 | | |
| 12. Hawaii | HI | N | | | | | | 0 | | |
| 13. Idaho | ID | L | | | | | | 0 | | |
| 14. Illinois | IL | N | | | | | | 0 | | |
| 15. Indiana | IN | N | | | | | | 0 | | |
| 16. Iowa | IA | N | | | | | | 0 | | |
| 17. Kansas | KS | N | | | | | | 0 | | |
| 18. Kentucky | KY | N | | | | | | 0 | | |
| 19. Louisiana | LA | N | | | | | | 0 | | |
| 20. Maine | ME | N | | | | | | 0 | | |
| 21. Maryland | MD | N | | | | | | 0 | | |
| 22. Massachusetts | MA | N | | | | | | 0 | | |
| 23. Michigan | MI | N | | | | | | 0 | | |
| 24. Minnesota | MN | N | | | | | | 0 | | |
| 25. Mississippi | MS | L | 1,159,982 | 142,324,139 | | | | 143,484,121 | | |
| 26. Missouri | MO | L | 431,270 | | | | | 431,270 | | |
| 27. Montana | MT | L | | | | | | 0 | | |
| 28. Nebraska | NE | N | | | | | | 0 | | |
| 29. Nevada | NV | N | | | | | | 0 | | |
| 30. New Hampshire | NH | N | | | | | | 0 | | |
| 31. New Jersey | NJ | N | | | | | | 0 | | |
| 32. New Mexico | NM | N | | | | | | 0 | | |
| 33. New York | NY | N | | | | | | 0 | | |
| 34. North Carolina | NC | N | | | | | | 0 | | |
| 35. North Dakota | ND | N | | | | | | 0 | | |
| 36. Ohio | OH | N | | | | | | 0 | | |
| 37. Oklahoma | OK | L | | | | | | 0 | | |
| 38. Oregon | OR | N | | | | | | 0 | | |
| 39. Pennsylvania | PA | N | | | | | | 0 | | |
| 40. Rhode Island | RI | N | | | | | | 0 | | |
| 41. South Carolina | SC | L | 696,388 | 21,070,733 | | | | 21,767,121 | | |
| 42. South Dakota | SD | N | | | | | | 0 | | |
| 43. Tennessee | TN | L | 7,243,389 | 79,329,179 | | | | 86,572,568 | | |
| 44. Texas | TX | N | | | | | | 0 | | |
| 45. Utah | UT | N | | | | | | 0 | | |
| 46. Vermont | VT | N | | | | | | 0 | | |
| 47. Virginia | VA | L | 570,993 | | | | | 570,993 | | |
| 48. Washington | WA | N | | | | | | 0 | | |
| 49. West Virginia | WV | N | | | | | | 0 | | |
| 50. Wisconsin | WI | N | | | | | | 0 | | |
| 51. Wyoming | WY | N | | | | | | 0 | | |
| 52. American Samoa | AS | N | | | | | | 0 | | |
| 53. Guam | GU | N | | | | | | 0 | | |
| 54. Puerto Rico | PR | N | | | | | | 0 | | |
| 55. U.S. Virgin Islands | VI | N | | | | | | 0 | | |
| 56. Northern Mariana Islands | MP | N | | | | | | 0 | | |
| 57. Canada | CAN | N | | | | | | 0 | | |
| 58. Aggregate other alien | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 17,235,644 | 321,816,975 | 0 | 0 | 0 | 0 | 339,052,619 | 0 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | 0 | | |
| 61. Total (Direct Business) | (a) 10 | 17,235,644 | 321,816,975 | 0 | 0 | 0 | 0 | 339,052,619 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 58001 | XXX | | | | | | | | | |
| 58002 | XXX | | | | | | | | | |
| 58003 | XXX | | | | | | | | | |
| 58998 Summary of remaining write-ins for Line 58 from overflow page. | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and other Alien.

The WellCare Group of Companies as of September 30, 2015



SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|--------------------------------|-------------------|-----------------|--------------|------------|--|--|----------------------|----------------------------------|--|--|--|---|--------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Name of Parent Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/ Person(s) | * |
| 01199..... | WellCare Health Plans Inc..... | 95310..... | 14-1647239..... | | | | WellCare of Connecticut Inc..... | CT..... | IA..... | WellCare of New York, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 95081..... | 59-2583622..... | | | | WellCare of Florida Inc..... | FL..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 59-3547616..... | | | | Comprehensive Health Management Inc..... | FL..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 14-1647239..... | | | | The WellCare Management Group, Inc..... | NY..... | UIP..... | WCG Health Management, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 95534..... | 14-1676443..... | | | | WellCare of New York Inc..... | NY..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-3320236..... | | | | Harmony Behavioral Health Inc..... | FL..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 11229..... | 36-4050495..... | | | | Harmony Health Plan of Illinois Inc..... | IL..... | IA..... | Harmony Health Systems, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 12194..... | 90-0247713..... | | | | WellCare of Louisiana Inc..... | LA..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 22-3391045..... | | | | Harmony Health Systems Inc..... | IL..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 36-4467676..... | | | | Harmony Health Management Inc..... | IL..... | NIA..... | Harmony Health Systems, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 47-0937650..... | | 0001279363 | NYSE | WellCare Health Plans Inc..... | FL..... | UIP..... | Shareholders..... | | 0.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 04-3669698..... | | | | WCG Health Management Inc..... | FL..... | UIP..... | WellCare Health Plans, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 10760..... | 20-2103320..... | | | | WellCare of Georgia Inc..... | GA..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 98-0448921..... | | | | Comprehensive Reinsurance Ltd..... | CYM..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 10155..... | 20-2383134..... | | | | WellCare Prescription Insurance Inc..... | FL..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 12749..... | 20-3562146..... | | | | WellCare of Ohio Inc..... | OH..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-3262322..... | | | | Harmony Behavioral Health IPA Inc..... | NY..... | NIA..... | Harmony Behavioral Health, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-4869374..... | | | | WellCare Pharmacy Benefits Management In..... | DE..... | NIA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 83445..... | 86-0269558..... | | | | WellCare Health Insurance of Arizona Inc..... | AZ..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 64467..... | 36-6069295..... | | | | WellCare Health Insurance Company of Kentucky Inc..... | KY..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 12956..... | 11-3197523..... | | | | WellCare Health Insurance of New York Inc..... | NY..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 13020..... | 20-8017319..... | | | | WellCare Health Plans of New Jersey Inc..... | NJ..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 12964..... | 20-8058761..... | | | | WellCare of Texas Inc..... | TX..... | IA..... | The WellCare Management Group, Inc..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-8420512..... | | | | Exactus Pharmacy Solutions, Inc..... | DE..... | NIA..... | WellCare Pharmacy Benefits Management..... | Ownership..... | 100.0..... | WellCare Health Plans, Inc..... | 0..... |

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|--------------------------------|-------------------|-----------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|---|---------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Name of Parent Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/ Person(s) | * |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 27-0386122..... | | | | Ohana Health Plans, Inc..... | ..HI..... | ..IA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 27-4293249..... | | | | WellCare Health Plans of California, Inc..... | ..CA..... | ..IA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 14404..... | 45-3617189..... | | | | WellCare of Kansas, Inc..... | ..KS..... | ..IA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-5154364..... | | | | WellCare Health Plans of Tennessee, Inc..... | ..TN..... | ..IA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 45-3236788..... | | | | America's 1st Choice California Holdings, LLC..... | ..FL..... | ..NIA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 20-5327501..... | | | | Easy Choice Health Plan, Inc..... | ..CA..... | ..IA..... | America's 1st Choice California Holdings, LLC..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 11775..... | 32-0062883..... | | | | WellCare of South Carolina, Inc..... | ..SC..... | ..IA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 46-2078909..... | | | | WellCare of Nevada, Inc..... | ..NV..... | ..IA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 12913..... | 20-5862801..... | | | | Missouri Care, Incorporated..... | ..MO..... | ..IA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 27-4212954..... | | | | The WellCare Community Foundation..... | ..DE..... | ..NIA..... | WellCare Health Plans, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 62-1832645..... | | | | Windsor Health Group, Inc..... | ..TN..... | ..UDP..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 00000..... | 62-1530448..... | | | | Windsor Management Services, Inc..... | ..TN..... | ..NIA..... | Windsor Health Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 95792..... | 62-1531881..... | | | | Windsor Health Plans, Inc..... | ..TN..... | ..IA..... | Windsor Health Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 15510..... | 47-0971481..... | | | | WellCare Health Plans of Kentucky, Inc..... | ..KY..... | ..IA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| 01199..... | WellCare Health Plans Inc..... | 15812..... | 47-3558198..... | | | | WellCare of Iowa, Inc..... | ..IA..... | ..IA..... | The WellCare Management Group, Inc..... | Ownership..... |100.0 | WellCare Health Plans, Inc..... |0 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

| | |
|----------|-------------|
| Asterisk | Explanation |
| | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....YES.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Current year change in encumbrances | | 0 |
| 4. Total gain (loss) on disposals | | 0 |
| 5. Deduct amounts received on disposals | | 0 |
| 6. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 7. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 8. Deduct current year's depreciation | | 0 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 0 | 0 |
| 10. Deduct total nonadmitted amounts | 0 | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

SCHEDULE B – VERIFICATION

Mortgage Loans

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase (decrease) | | 0 |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | | 0 |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | 0 |
| 10. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Total valuation allowance | | 0 |
| 13. Subtotal (Line 11 plus Line 12) | 0 | 0 |
| 14. Deduct total nonadmitted amounts | 0 | 0 |
| 15. Statement value at end of current period (Line 13 minus Line 14) | 0 | 0 |

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase (decrease) | | 0 |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium and depreciation | | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 10. Deduct current year's other-than-temporary impairment recognized | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

SCHEDULE D – VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 9,009,237 | 9,262,627 |
| 2. Cost of bonds and stocks acquired | 1,565,830 | 1,159,086 |
| 3. Accrual of discount | 916 | 1,220 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | 1,576,760 | 1,304,353 |
| 7. Deduct amortization of premium | 84,041 | 109,343 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 8,915,183 | 9,009,237 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 8,915,183 | 9,009,237 |

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-----------------------------------|---|--|--|---|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 27,855,525 | 22,873,585 | 17,844,851 | (27,241) | 32,627,684 | 27,855,525 | 32,857,018 | 30,881,419 |
| 2. NAIC 2 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. NAIC 3 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 27,855,525 | 22,873,585 | 17,844,851 | (27,241) | 32,627,684 | 27,855,525 | 32,857,018 | 30,881,419 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock | 27,855,525 | 22,873,585 | 17,844,851 | (27,241) | 32,627,684 | 27,855,525 | 32,857,018 | 30,881,419 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$0 ; NAIC 2 \$0 ;
NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1
Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|---------|---------------------------------|-----------|-------------|------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year To Date | Paid for Accrued Interest Year To Date |
| 9199999 | 23,941,835 | XXX | 23,941,835 | 4,956 | 0 |

SCHEDULE DA - VERIFICATION
Short-Term Investments

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year..... | 21,872,182 | 124,914,592 |
| 2. Cost of short-term investments acquired | 45,154,099 | 262,948,846 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase (decrease)..... | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 43,084,446 | 365,991,256 |
| 7. Deduct amortization of premium..... | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | 0 | 0 |
| 9. Deduct current year's other-than-temporary impairment recognized..... | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 23,941,835 | 21,872,182 |
| 11. Deduct total nonadmitted amounts..... | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 23,941,835 | 21,872,182 |

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

Schedule E - Verification
NONE

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

E05

E05

E05

E05

E05

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part D - Section 1
NONE

Schedule DB - Part D - Section 2
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE Windsor Health Plan, Inc.

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

| Show Investments Owned End of Current Quarter | | | | | | | |
|---|-----------|-----------------------|--------------------------|-----------------------|--------------------------------------|--|-------------------------------------|
| 1 Description | 2 Code | 3 Date Acquired | 4 Rate of Interest | 5 Maturity Date | 6 Book/Adjusted Carrying Value | 7 Amount of Interest Due & Accrued | 8 Amount Received During Year |
| NONE | | | | | | | |
| 8699999 Total Cash Equivalents | | | | | 0 | 0 | 0 |



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2015 OF THE Windsor Health Plan, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....01199

NAIC Company Code.....95792

| | Individual Coverage | | Group Coverage | | 5 Total Cash |
|---|---------------------|----------------|----------------|----------------|--------------------|
| | 1 Insured | 2 Uninsured | 3 Insured | 4 Uninsured | |
| 1. Premiums Collected..... | 18,560,755 | XXX | | XXX | 18,560,755 |
| 2. Earned Premiums | 11,897,481 | XXX | | XXX | XXX |
| 3. Claims Paid..... | 19,663,074 | XXX | | XXX | 19,663,074 |
| 4. Claims Incurred..... | 12,010,146 | XXX | | XXX | XXX |
| 5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)..... | XXX | | XXX | | 0 |
| 6. Aggregate Policy Reserves - Change..... | (5,338,163) | XXX | | XXX | XXX |
| 7. Expenses Paid..... | 2,593,099 | XXX | | XXX | 2,593,099 |
| 8. Expenses Incurred..... | 2,593,099 | XXX | | XXX | XXX |
| 9. Underwriting Gain or Loss..... | 2,632,399 | XXX | 0 | XXX | XXX |
| 10. Cash Flow Result | XXX | XXX | XXX | XXX | (3,695,418) |

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ 44,789,194 due from CMS or \$ 0 due to CMS